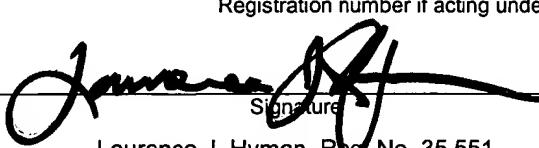


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 015280-259120US																		
<b>FY 2005</b> (fees effective on or after October 1, 2004)																				
Application Number 09/684,599		Filed October 5, 2000																		
For MESOTHELIN, A DIFFERENTIATION ANTIGEN PRESENT ON MESOTHELIUM, MESOTHELIOMAS AND OVARIAN CANCERS AND METHODS AND KITS FOR TARGETING THE ANTIGEN																				
Art Unit 1642		Examiner Unger, Susan																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$55</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$430</td> <td style="text-align: right;">\$215</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$980</td> <td style="text-align: right;">\$490</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1530</td> <td style="text-align: right;">\$765</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2080</td> <td style="text-align: right;">\$1040</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.         </p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.          Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,551</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34.          Registration number if acting under 37 CFR 1.34 _____.</p> <p>  <u>Laurence J. Hyman, Reg. No. 35,551</u>          Typed or printed name</p> <p><u>Dec. 10, 2004</u>          Date</p> <p>415/576 0200          Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$55	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040
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12/16/2004 AWONDAF1 00000043 201430 09684599

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110)

Complete if Known	
Application Number	09/684,599
Filing Date	October 5, 2000
First Named Inventor	Pastan, Ira
Examiner Name	Unger, Susan
Art Unit	1642
Attorney Docket No.	015280-259120US

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP					<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>110</td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	Laurence J. Hyman	Registration No. (Attorney/Agent)	35,551	Telephone	415-576-0200	
Signature				Date	12/10/04	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.